

Registering for a Vaccine in PrepMod

You will be provided an email with a link to register for your vaccine. For people who do not have an email, their supervisor (or a medical advocate) can assist them with registering for the vaccine clinic.

The following pages will have screen shots of each screen of the registration form. A couple of key pointers:

- Without an email address you will be disqualified from receiving your vaccination record or future notifications.
- There is no cost for the vaccine so select “No Insurance” on the Health Insurance screen.
- Once you’ve completed all the fields (the asterisks fields are required), click the “Save and Continue” button at the bottom of the screen.
- On the “Consent for Services” page make sure you click the box next to the vaccine.
- On the “Consent for Services” page you’ll need to sign the signature box at the bottom with a mouse, or if you have a touch screen you can use your finger.
- The “Review” page allows you to review your information for accuracy. This is the final step.
- Once you’ve completed the process, if you’ve entered an email, you will receive a confirmation email of the registration process.

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Please select a time for your appointment. **The selected time slot will be held for 15 minutes.**

Time	Appointments Available
<input type="radio"/> 02:00 pm	No appointments available
<input type="radio"/> 02:06 pm	No appointments available
<input type="radio"/> 02:12 pm	No appointments available
<input type="radio"/> 02:18 pm	No appointments available
<input type="radio"/> 02:24 pm	No appointments available
<input type="radio"/> 02:30 pm	1 appointments available
<input type="radio"/> 02:36 pm	1 appointments available
<input type="radio"/> 02:42 pm	1 appointments available
<input type="radio"/> 02:48 pm	1 appointments available
<input type="radio"/> 02:54 pm	1 appointments available
<input type="radio"/> 03:00 pm	1 appointments available

Select an appointment time and click “Save and Continue” at the bottom of the page. Your appointment slot will be held for 15 minutes, meaning you will have 15 minutes to complete the rest of your registration.

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Pfizer-BIONTECH'S COVID-19 vaccine is for people 16 years and older. Moderna COVID-19 is for people 18 years and older

First Name *		Middle Initial			
<input type="text" value="Mickey"/>		<input type="text"/>			
Last Name *		Mother's Maiden Name			
<input type="text" value="Mouse"/>		<input type="text"/>			
<hr/>					
Race *	Ethnicity *	Occupation *	Date Of Birth *	Age	Gender *
<input type="text" value="White"/>	<input type="text" value="Not Hispanic or Lati"/>	<input type="text" value="Education (e.g., Teac"/>	<input type="text" value="November"/> <input type="text" value="18"/> <input type="text" value="1928"/>	<input type="text" value="92"/>	<input type="text" value="Male"/>
<hr/>					
Email Address	Retype Email Address	Primary Phone Number *	Phone Number Type		
<input type="text" value="mickey.mouse@disney.com"/>	<input type="text" value="mickey.mouse@disney.com"/>	<input type="text" value="540-555-1234"/>	<input type="text" value="Mobile"/>		
<small>Providing no email will disqualify you from receiving your vaccination record or future notifications.</small>		<small>Providing no email will disqualify you from receiving your vaccination record or future notifications.</small>			
<hr/>					
Address *	City *	State *	Zip Code *		
<input type="text" value="1375 E. Buena Vista Dr"/>	<input type="text" value="Orlando"/>	<input type="text" value="Florida"/>	<input type="text" value="32836"/>		
<hr/>					

Save and Continue →

“Back” and “Save and Continue” buttons help you move through the registration form

Select "No Insurance" in this field and click the "Save and Continue" button at the bottom of the page.

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The vaccine is being provided at no cost by the government. Your insurance will be charged for the costs of administering your vaccination.

Insurance Type *
No Insurance

Insurance Company Name

Member ID Number

Group Number

Medical Assistance Number, Recipient Number, or any other number on card

Policy Holder First Name

Policy Holder Last Name

Policy Holder Date of Birth

Month Day Year

Policy Holder Relation to Client

Select

Upload the FRONT of your insurance card

Choose File No file chosen

Upload the BACK of your insurance card

Choose File No file chosen

or drag and drop

Back Save and Continue →

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Click here to review the Pfizer-BIONTECH COVID-19 Fact Sheet: <https://www.fda.gov/media/144414/download>

Click here to review the Moderna COVID-19 Fact Sheet: <https://www.fda.gov/media/144638/download>

You must complete all fields with a star.

Do any of the following apply to you?

Is this your first or second COVID-19 vaccination? *

☒ First ☐ Second

Are you feeling sick today? *

☐ Yes ☒ No ☐ I don't know

Have you ever had an allergic reaction to a previous dose of COVID-19 vaccine? *

☐ Yes ☒ No ☐ I don't know

Have you received any vaccine in the last 14 days? *

☐ Yes ☒ No ☐ I don't know

Have you received passive antibody therapy as treatment for COVID-19? *

☐ Yes ☒ No ☐ I don't know

Do you have a bleeding disorder or are you taking a blood thinner? *

☐ Yes ☒ No ☐ I don't know

Are you breastfeeding? *

☐ Yes ☒ No ☐ I don't know

Have you ever had an allergic reaction to polysorbate? *

☐ Yes ☒ No ☐ I don't know

Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? *

☐ Yes ☒ No ☐ I don't know

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital? *

☐ Yes ☒ No ☐ I don't know

Have you ever had a positive COVID-19 test or has a doctor ever told you that you had COVID-19? *

☐ Yes ☒ No ☐ I don't know

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take a medicine that affects your immune system? *

☐ Yes ☒ No ☐ I don't know

Are you pregnant or do you plan to become pregnant? *

☐ Yes ☒ No ☐ I don't know

Have you ever had an allergic reaction to a component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures? *

☐ Yes ☒ No ☐ I don't know

IMPORTANT

If you receive Pfizer-BIONTECH's vaccine, you should receive a second vaccination three weeks (21 days) later.

If you receive Moderna's vaccine, you should receive a second vaccination four weeks (28 days) later.

Back

Save and Continue

Be sure to click the box next to the vaccine.

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Please select the desired vaccine for each patient

Vaccines for: Mickey Mouse *

☒ Moderna COVID-19 Vaccine ([EUA Fact Sheet](#))

If this is your second dose, you must get the same vaccine brand to be considered fully vaccinated

CONSENT FOR VACCINATION(S) – YOU MUST SIGN HERE FOR YOU/YOUR FAMILY TO BE VACCINATED

I hereby authorize the administration of the COVID-19 to myself or to the person named below for whom I am the legal representative. I have read or have had explained to me the 2020-21 Vaccine Information Statement or Emergency Use Authorization Fact Sheet for the COVID-19 vaccine and understand the risks and benefits. I have had the opportunity to ask questions about this immunization. I believe the benefits outweigh the risks, and I accept full responsibility for any reactions that may result from my receipt of the immunization or the receipt of the immunization by the person named below for whom I am the legal representative. I agree that the immunization record may be shared as stated in the Notice of Privacy Practices, which includes sharing with health care providers and to support the application for payment by Medicare, Medicaid, and other third party payer. I request the third party payer to pay any authorized benefits to VDH on my behalf. The Notice of Deemed Consent for blood borne diseases has been explained to me and I understand it.

Notice of Deemed Consent for HIV, Hepatitis B or C Testing

VDH is required by § 32.1-45.1 of the Code of Virginia (1950), as amended, to give you the following notice:

- (1) If any VDH health care professional, worker or employee should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you the result of the test. Under Va. Code § 32.1-45.1(A), you are deemed to have consented to the release of the test results to the person exposed.
- (2) If you should be directly exposed to blood or body fluids of a VDH health care professional, worker or employee in a way that may transmit disease, that person's blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you and that person the result of the tests.

SIGN MY NAME

TYPE MY FULL NAME

Please sign your name here with your finger or a mouse

Clear

Date

01/29/2021

Relationship to Patient *

Self

First Name *

Mickey

Last Name *

Mouse

Back

Save and Continue →

Use your mouse, or if you have a touch screen, your finger, to sign the form

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Review Your Details

Please review all of the details you have entered. To make any corrections, please click Back to return to previous screens.

Personal Information

First Name Mickey	Middle Initial	Last Name Mouse	Mother's Maiden Name
Date Of Birth 11/18/1928	Age 92	Gender M	Email Address mickey.mouse@disney.com
Address 1275 E Buena Vista Dr	City Orlando	State FL	Zip Code 32836
Mobile or Daytime Number 548-555-1234			

Insurance Type

Insurance Type No Insurance	Insurance Company Name		
Member ID Number	Group Number	Medical Assistance Number, Recipient Number, or any other number on card	
Policy Holder First Name	Policy Holder Last Name	Date Of Birth	
Policy Holder Relation to Client			
FRONT of your insurance card		BACK of your insurance card	

Health Questions

Is this your first or second COVID-19 vaccination? 1st	Are you feeling sick today? No
Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? No	Have you ever had an allergic reaction to a previous dose of COVID-19 vaccine? No
Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital? No	Have you received any vaccine in the last 14 days? No
Have you ever had a positive COVID-19 test or has a doctor ever told you that you had COVID-19? No	Have you received passive antibody therapy as treatment for COVID-19? No
Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take a medicine that affects your immune system? No	Do you have a bleeding disorder or are you taking a blood thinner? No
Are you pregnant or do you plan to become pregnant? No	Are you breastfeeding? No
Have you ever had an allergic reaction to a component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures? No	Have you ever had an allergic reaction to polysorbate? No

Consent For Services

Vaccines for:

- Mickey Mouse
 - Moderna COVID-19 Vaccine

Signature First Name Date 9/12/2021	Signature Last Name
Relationship to Patient Self	Signer First Name Mickey
Signer Last Name Mouse	

Save and Continue

Check your information and click "Save and Continue" to finalize your registration.

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From: [Vaccination Clinics](#)
To: [Mickey Mouse](#)
Subject: Your Vaccination Appointment is Confirmed!
Date: Thursday, January 28, 2021 3:54:54 PM

WARNING: This email was sent from outside of your organization.

Mickey Mouse

This message is to confirm that Mickey Mouse is scheduled for a vaccination appointment at: **Venue/Location:** Magic Kingdom Vaccination Clinic (Initial Dose Jan6) - Dose #1
Address: 1180 Seaven Seas Dr, Lake Buena Vista, FL, 32836
Date: 02/03/2021

Time: 02:00 pm

Appointment: [Reschedule](#) | [Cancel](#)

We look forward to seeing you!
Your Vaccination Provider

Thank you for registering for your vaccine